



Ownership Disclosure Form for Land Development Applications

The purpose of this form is to provide information to board members and elected officials so they may comply with Florida Statutes section 112.311 as it relates to ethics and conflicts of interest.

The owner of the real property associated with this application is a/an (check one):

- Individual

 Corporation

 Land Trust
 Limited Liability Company

 Partnership

 Other (describe): _____

1. List all **natural persons** who have an ownership interest in the property, which is the subject matter of this petition, by name and address. (Use affidavit for individual, husband & wife, or spouse & spouse as applicable).

| NAME | ADDRESS | PHONE NUMBER |
|------|---------|--------------|
| | | |
| | | |

(Use additional sheets for more space)

2. For each **corporation**, list the name, address, and title of each officer; the name and address of each director of the corporation; and the name and address of each shareholder who owns two percent (2%) or more of the stock of the corporation, Shareholders need not be disclosed if a corporation's stock are traded publicly on any national stock exchange. (Use business affidavit).

| NAME | TITLE OR OFFICE | ADDRESS | % OF INTEREST |
|------|-----------------|---------|---------------|
| | | | |
| | | | |

(Use additional sheets for more space)

3. In the case of a **trust**, list the name and address of each trustee and the name and address of the beneficiaries of the trust and the percentage of interest of each beneficiary. If any trustee or beneficiary of a trust is a corporation, please provide the information required in paragraph 2 above: (Use trust affidavit).

Trust Name: _____

| NAME | TRUSTEE OR BENEFICIARY | ADDRESS | % OF INTEREST |
|------|------------------------|---------|---------------|
| | | | |
| | | | |

(Use additional sheets for more space)

4. For **partnerships**, including limited partnerships, list the name and address of each principal in the partnership, including general or limited partners. If any partner is a corporation, please provide the information required in paragraph 2 above. (Use business affidavit)

| NAME | ADDRESS | % OF INTEREST |
|------|---------|---------------|
| | | |
| | | |

(Use additional sheets for more space)

5. For each **limited liability company**, list the name, address, and title of each manager or managing member; and the name and address of each additional member with two percent (2%) or more membership interest. If any member with two percent (2%) or more membership interest, manager, or managing member is corporation, trust or partnership, please provide the information required in paragraphs 2, 3 and/or 4 above (Use business affidavit).

Name of LLC: _____

| NAME | ADDRESS | % OF INTEREST |
|------|---------|---------------|
| | | |
| | | |

(Use additional sheets for more space)

6. In the circumstances of a **contract for purchase**, list the name and address of each contract purchaser. If the purchaser is a corporation, trust, partnership, or LLC, provide the information required for those entities in paragraphs 2, 3, 4 and/or 5 above.

Name of Purchaser: _____

Date of contract: _____

| NAME | ADDRESS | % OF INTEREST |
|------|---------|---------------|
| | | |
| | | |

(Use additional sheets for more space)

7. List the name, title, address, phone number and email address for the authorized applicant.

8. As to any type of owner referred to above, a change of ownership occurring subsequent to this application, shall be disclosed in writing to the City Planning Division Manager prior to the date of the public hearing on the application.
9. I affirm that the above representations are true and are based upon my personal knowledge and belief after all reasonable inquiry. I understand that any failure to make mandated disclosures is grounds for the land use and development approvals involved with this Application to become void. I certify that I am legally authorized to execute this Application and Affidavit and to bind the Applicant to the disclosures herein.

Date: _____

Applicant Signature: _____

STATE OF FLORIDA
COUNTY OF ORANGE

Sworn to and subscribed before me by means of physical presence or online notarization, this ____ day of _____, 20____, by _____, who is personally known to me, or has produced _____ as identification.

Signature of Notary Public

Print, Type or Stamp Name of Notary Public